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Florida Department of State
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FLORIDA
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Division of Corporations
Fax Number : (850)617-6381

Account Name : CS SUNBIZ, LLC
Account Number : I20040000164
Phone : (407)691-5600
Fax Number : (407)691-5620

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: KWHITE@AHG-GROUP.COM

**FLORIDA LIMITED LIABILITY CO.
KMLDP-PARCEL C, LLC**

Certificate of Status	0
Certified Copy	0
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T.S. A

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KMLDP-PARCEL C, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

CS Sunbiz, LLC

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

700 W MORSE BOULEVARD
SUITE 220
WINTER PARK, FL 32789

700 W MORSE BOULEVARD
SUITE 220
WINTER PARK, FL 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CS SUNBIZ, LLC

Name

700 W MORSE BOULEVARD, SUITE 220

Florida street address (P.O. Box **NOT** acceptable)

<u>WINTER PARK</u>	<u>FLORIDA</u>	<u>32789</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Designated by:

Sarah Hampton

Registered Agent's Signature (REQUIRED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

CHT ENTERPRISES, LLC

POST OFFICE BOX 846

KINGS MOUNTAIN, NC 28086

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

DocuSigned by:

Sarah Hampton

Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SARAH HAMPTON

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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